

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14	1						64						
15		1					65						
16		1					66						
17		1					67						
18		X 2					68						
19		X 2					69						
20		X 2					70						
21		1 2					71						
22		1					72						
23		2					73						
24		2					74						
25		2					75						
26		2					76						
27	1						77						
28		1					78						
29	1						79						
30		1					80						
31		1					81						
32		1					82						
33	1						83						
34		1					84						
35		1					85						
36		1					86						
37		1					87						
38		1					88						
39	1						89						
40		1					90						
41		1					91						
42		1					92						
43		1					93						
44		1					94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	6						TOTAL IND.						
TOTAL DEP.	3132						TOTAL DEP.						
TOTAL CLAIMS	3138						TOTAL CLAIMS						